





**Important:** Calculate your federal child and dependent credit first. Print in CAPITAL letters using black ink. Leave lines blank that do not apply to you.

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Name as shown on Form D-40					Yo	Your social security number																
Qualifying dependents Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441.																						
First name M.I. Last name																						
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So	cial security number Relationship to you					_	Ţ	Ţ	Ţ	Ţ												
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Liv	ed in your household From To (MM/DD/YY)																					
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Liv	ed in your household From To (MM/DD/YY)	ш	1	_	-	-	+	+	-	+	4											
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So	cial security number Relationship to you			٠	۰								۰	t	÷			۰	-	Н	d	
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Liv	ed in your household From To (MM/DD/YY)	ш	-	_	_	-	4	4	-	4	4											
LIV	to (MIN/DD/117)																					
DC credit Enter period you were a DC resident in 2004. (MM/DD) From To													est do	ollar. ne line	blaı	ık.						
1	Total 2004 employment-related dependent care ex or total expenses paid from side 2 (of this form), Line 6.	pense	es F	rom	fede	eral F	orm	244	1, Li	ne 1	5			L	\$			,				.00
2	Employment-related dependent care expenses paid in 2004 while you were a DC resident						2	2		T					T	.00						
3	Divide line 2 amount by Line 1. (This will be a decimal numb												3							0.	t	
4	DC dependent care credit Multiply your allowable feder or 1040A, Sch. 2, Line 9) x .32	al cred	dit (2	2441	., Lir	ne 9							4	1								.00
5	DC part-year dependent care credit Multiply Line 4 by Li	ine 3 d	lecim	al. E	nter	amou	nt on	line	25 o	f For	m D	-40.	į	5	\$						T	.00

ATTACH THIS FORM TO YOUR FORM D-40.

## D-2441 PAGE 2



Enter your last name.	Enter your social security number.			
Dependent care expenses Complete for all people or	r organizations who provided care during 2004 so	that you could work	or look for work. Round cents t the nearest do	
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID	1	
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID		.00
If an individual, identify their relationship to you			_	
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID	1	
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID		
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID	]	.00
If an individual, identify their relationship to you				
6 Total expenses paid			\$	.00

You must meet  $\boldsymbol{\mathsf{all}}$  of the following requirements to use this form:

- You are a part-year resident of DC;
- You are filing a part-year D-40 return; and
- You were eligible to claim the child and dependent care credit on your federal return.

If you are a <u>full-year resident</u> of DC, do not file this form — file Form D-40 to claim this credit.